# City of Red Bank

### APPLICATION FOR EMPLOYMENT

THE CITY OF RED BANK IS AN EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits PURSUANT TO THE REQUIREMENTS OF title VI of the Civil Rights Act of 1964.

**Overview of the Hiring and Employment Process:** This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, a physical and a demonstration of your ability to perform the essential functions of the job.

- We reserve the right to check all information for accuracy and completeness.
- All applications for employment are a matter of public record.
- If you need accommodation in order to complete this Application, please notify Administration

#### GENERAL INFORMATION

Date:		Position	Desired:			
Are you applyin	g for: F	ull-Time	Part-Time	Te	mporary	
Have you applie	ed with the City	before?	Yes	No		
Have you been	employed by th	e City before?	Yes _	No		
		PERSON	IAL INFORM	ATION		
Your Name:						
		Last		First		Middle
Address:	Number		Street			
	City		State			Zip
Social Security	Number:					
Phone Numbe	r: Home <u>(</u>	)		Business	( )	
Date of Birth (0	Optional)		Are you ov	er the age o	f 18?	Yes No
Do you have a	legal right to we	ork in the U.S.?	? Yes	١	No	
						ted, but does not
Drivers License	e Number (if re	quired by job):				

# **EDUCATION AND TRAINING**

Do You Have a High School Diplo	oma?	Yes No		
High School Attended:				
Do you have a GED? Yes	No			
Please List Other Education You	Have Receiv	ved:		
Name and Location of College/U	-	Dates	Degree	Did you
Trade or Business Schools Atten	ded	Attended	Earned	Graduate?
List Other Training Received (spe	ecial courses,	, work training pro	ograms, Armed Forces	s training, etc.)
List Special Qualifications and Sk	kills (licenses	, skills with machi	ines)	
Based on the Job for Which You are	Applying:	_		
			for which you have appli	
may later be asked to de	emonstrate you	ur ability to perform	the essential functions.)	)
YES, but I will note Essential function		e accommodations	s in order to perform the	
YES, and I will r	not need reaso	nable accommoda	tions in order to perform	the
Essential function	ons.			
Please describe any accommodation position:	ns you will nee	d in order to adequ	ately perform the essent	tial functions of the
	R	EFERENCES		
Please list three or four persons, o character and/or abilities:	ther than relat	ives or former emp	loyers, who have knowle	edge of your
Name	Ma	ailing Address	Yrs. Known	Phone

## PRIOR EMPLOYMENT HISTORY

List below all present and past employment information and/or substantive volunteer work. List current or most recent employer first, then prior employers in reverse chronological order. If you choose to attach a resume, you may use (See Resume) in job title/responsibilities section.

1.	Name and address of current or most r	ecent emp	oloyer:	
				Phone No.
	Your Supervisor:			
	Your job title/responsibilities:			
	Date Hired:		Date Left:	
	Date Hired:  Reason for Leaving:			
	Starting Salary:			
	May we contact this employer:		No	
2.	Name and address of employer:			
				Phone No.
	Your Supervisor:			
	Your job title/responsibilities:			
	Date Hired:		Date Left:	
	Reason for Leaving:			
	Starting Salary:			
	May we contact this employer:	Yes _	No	
3.	Name and address of employer:			
				Phone No.
	Your Supervisor:			
	Your job title/responsibilities:			
	Date Hired:		Date Left:	
	Decree for Leading			
	Starting Salary:		Ending Salary:	
		Yes _	No	

		Phone No.	
Your Supervisor:			
Your job title/responsibilities:			
Date Hired:	Date	e Left:	
Reason for Leaving:			
Starting Salary:	End	ing Salary:	
May we contact this employer:	Yes	No	
certify that all answers to the question alse statement and/or omission in this sufficient grounds for rejection of the a	ns in this applicati application and a application or terr	APPLICANT * * * *  on are true, and I further understand the last other accompanying documentation in an ination of employment. I authorize the last of the last o	will be he City
certify that all answers to the question alse statement and/or omission in this sufficient grounds for rejection of the appropriate documentation for verification of the appropriate documentation for verification and all appropriate documentation for verification.	ns in this application and a application or term essary and approceeds and work edion related to idecation of emplores	on are true, and I further understand the all other accompanying documentation nination of employment. I authorize the priate investigations to verify the information checks. I also understand pentity and employability. Failure to prome the eligibility (I-9 form) shall re	will be ne City mation prior to provide
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